



**CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES**

Health Care On-Site Contractor's Orientation

SELF CERTIFICATION

Administrative Support Services
Staff Development Unit
March 2012



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

This handbook is intended for the use of contractors and health care providers (for convenience, collectively referred to as “contractors” throughout this handbook) working with the California Department of Corrections and Rehabilitation (CDCR) and/or California Correctional Health Care Services (CCHCS), which includes the former California Prison Health Care Services (CPHCS) and Division of Correctional Health Care Services (DCHCS).

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All financial, statistical, personal, technical and other data and information relating to State’s operation, which are designated confidential by the State and made available or which become available to the contractor, shall be protected by the contractor from unauthorized use and disclosure.

No reports, information, inventions, improvements, discoveries, or data obtained, repaired, assembled, or developed by the contractor pursuant to this handbook shall be released, published, or made available to any person (except to the State) in violation of any State or federal law.

All or part of this publication may be copied/reproduced by CDCR or CCHCS staff for contractors or employees needs as determined by management staff.

Health Care Contractor's Orientation

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Introduction

Welcome to contracted work with California Department of Corrections and Rehabilitation (CDCR), California Correctional Health Care Services (CCHCS).

Regardless of your contracted services or service location, it is vital you understand the mission and intent of CDCR and/or CCHCS.

This handbook is an overview of conducting your services within a correctional setting. It provides a brief outline of the policies within CDCR and/or CCHCS. This is intended to orient you to the correctional setting and to ensure you are familiar with the operational safeguards in place.

Background:

To assist contractors in understanding the specific rules, regulations, policies and procedures adhered to by CDCR and/or CCHCS. The information has been gathered from a variety of sources to provide contractors with an overview of CDCR and CCHCS.

Excerpts, references and directions include but are not limited to the following: California Code of Regulations (CCR), the Department Operations Manual (DOM) and court mandates.

Any reference to or about CDCR or CCHCS shall apply to all contractors regardless of the entity with which they are contracted to provide services.

Specifics:

This handbook is to be provided to any contractor and any staff or subcontractor who will provide services under contract (in which their contract references this handbook) to CDCR or CCHCS. There are exceptions such as registry staff, who will continue to attend Health Care New Employee Orientation (HCNEO) as formal classroom training.

Contractor Responsibilities:

Upon review of the handbook, the contractor will sign the form at the end of the book indicating they received and read the handbook.

Specific procedures and other local operating procedures will be part of the contractor's training and are not contained in this document. The contractor shall direct institution-specific questions to your designated institutional contact.

Map and Addresses of California Adult Correctional Facilities



California Department of Corrections and Rehabilitation Locations Statewide



Map and Addresses of California Adult Correctional Facilities



California Correctional and Rehabilitation Facilities

Adult Institutions

	Year Opened	Security Level
Avenal State Prison #1 Kings Way, P.O. Box 8, Avenal, CA 93204 • (559) 386-0587	1987	II
California Correctional Center 711-045 Center Road, P.O. Box 790, Susanville, CA 96127 • (530) 257-2181	1963	I, II, III
California Correctional Institution 24900 Highway 202, P.O. Box 1031, Tehachapi, CA 93581-1031 • (661) 822-4402	1933	I, II, IV, RC, SHU
California Institution for Men 14901 Central Ave., P.O. Box 128, Chino, CA 91710 • (909) 597-1821	1941	I, RC
California Institution for Women 16756 Chino-Corona Rd., P.O. Box 6000, Corona, CA 92878-6000 • (909) 597-1771	1952	I, II, III, RC
California Medical Facility 1600 California Drive, P.O. Box 2000, Vacaville, CA 95696 • (707) 448-6841	1955	I, II, III
California Men's Colony Highway 1, P.O. Box 8101, San Luis Obispo, CA 93409-8101 • (805) 547-7900	1954	I, II, III
California Rehabilitation Center 5th Street and Western, P.O. Box 1841, Norco, CA 92860 • (951) 737-2683	1962	II
California State Prison, Corcoran 4001 King Avenue, P.O. Box 8900, Corcoran, CA 93212-8309 • (559) 992-8900	1988	I, III, IV, SHU
California State Prison, Los Angeles County 44750 - 60th Street, West, Lancaster, CA 93536-7620 • (661) 729-2000	1993	I, IV
California State Prison, Sacramento Prison Road, P.O. Box 290002, Represa, CA 95671 • (916) 985-8610	1986	I, IV
California State Prison, San Quentin San Quentin, CA 94964 • (415) 454-1460	1852	I, II, RC, Cond
California State Prison, Solano 2100 Peabody Road, P.O. Box 4000, Vacaville, CA 95696-4000 • (707) 451-0182	1984	II, III
California Substance Abuse Treatment Facility 900 Quebec Ave./P.O. Box 7100, Corcoran, CA 93212 • (559) 992-7100	1997	II, III, IV
Calipatria State Prison 7018 Blair Road, P.O. Box 5001, Calipatria, CA 92233 • (760) 348-7000	1992	I, IV
Centinela State Prison 2302 Brown Road, P.O. Box 731, Imperial, CA 92251-0731 • (760) 337-7900	1993	I, III
Central California Women's Facility 23370 Road 22, P.O. Box 1501, Chowchilla, CA 93610-1501 • (559) 665-5531	1990	I, II, III, IV, RC, Cond
Chuckawalla Valley State Prison 19025 Wileys Well Rd., P.O. Box 2289, Blythe, CA 92256 • (760) 922-5300	1988	I, II
Correctional Training Facility Highway 101N, P.O. Box 686, Soledad, CA 93960 • (831) 678-3951	1946	II, III
Deuel Vocational Institution 23500 Kasson Road, P.O. Box 400, Tracy, CA 95378 • (209) 835-4141	1953	I, III, RC
Folsom State Prison 300 Prison Road, P.O. Box 71, Represa, CA 95671 • (916) 985-2561	1880	I, II
High Desert State Prison 475-750 Rice Canyon Rd., P.O. Box 750, Susanville, CA 96127 • (530) 251-5100	1995	I, III, IV, RC
Ironwood State Prison 19005 Wileys Well Rd., P.O. Box 2229, Blythe, CA 92226 • (760) 921-3000	1994	I, III

California Department of Corrections and Rehabilitation

Map and Address' of California Adult Correctional Facilities



Adult Institutions Cont'd

	Year Opened	Security Level
Kern Valley State Prison 3000 West Cecil Avenue, P.O. Box 6000, Delano, CA 93216 • (661) 721-6300	2005	I, IV
Mule Creek State Prison, Ione 4001 Highway 104, P.O. Box 409099, Ione, CA 95640 • (209) 274-4911	1987	I, III, IV
North Kern State Prison 2737 West Cecil Ave., P.O. Box 567, Delano, CA 93216-0567 • (661) 721-2345	1993	I, III, RC
Pelican Bay State Prison 5905 Lake Earl Drive, P.O. Box 7000, Crescent City, CA 95531-7000 • (707) 465-1000	1989	I, IV, SHU
Pleasant Valley State Prison 24863 West Jayne Avenue, P.O. Box 8500, Coalinga, CA 93210 • (559) 935-4900	1994	I, III
Richard J. Donovan Correctional Facility at Rock Mountain 480 Alta Road, San Diego, CA 92179 • (619) 661-6500	1987	I, III, RC
Salinas Valley State Prison 31625 Highway 101, P.O. Box 1020, Soledad, CA 93960-1020 • (831) 678-5500	1996	I, IV
Sierra Conservation Center 5100 O'Byrnes Ferry Road, P.O. Box 497, Jamestown, CA 95327 • (209) 984-5291	1965	I, II, III
Valley State Prison for Women 21633 Avenue 24, P.O. Box 99, Chowchilla, CA 93610-0099 • (559) 665-6100	1995	I, II, III, IV, RC, SHU
Wasco State Prison-Reception Center 701 Scofield Ave., P.O. Box 8800, Wasco, CA 93280-8800 • (661) 758-8400	1991	I, III, RC

Juvenile Institutions

DeWitt Nelson Youth Correctional Facility 7650 South Newcastle Road, P O Box 213003, Stockton, CA 95213-9003 • (209) 944-6191	1971	-
N. A. Chaderjian Youth Correctional Facility 7650 South Newcastle Road, P O Box 213014, Stockton, CA 95213-9014 • (209) 944-6400	1991	-
Preston Youth Correctional Facility 201 Waterman Road, Ione, CA 95640 • (209) 274-8000	1892	-
O. H. Close Youth Correctional Facility 7650 South Newcastle Road, P O Box 213001, Stockton, CA 95213-9001 • (209) 944-6391	1966	-
Pine Grove Youth Conservation Camp 13630 Aqueduct-Volcano Road, P. O. Box 1040, Pine Grove, CA 95665 • (209) 296-7581	1945	-
El Paso de Robles Youth Correctional Facility 4545 Airport Road, Paso Robles, CA 93447-7008 • (805) 238-4040	1947	-
Southern Youth Correctional Reception Center and Clinic 13200 South Bloomfield Road, Norwalk, CA 90650 • (562) 868-9979	1954	-
Heman G. Stark Youth Correctional Facility 15180 Euclid Avenue, Chino, CA 91710 • (909) 606-5000	1960	-
Ventura Youth Correctional Facility 3100 Wright Road, Camarillo, CA 93010 • (805) 485-7951	1942	-

Level I
Open dormitories
without a secure
perimeter.

Level II
Open dormitories
with secure perim-
eter fences and
armed coverage.

Level III
Individual cells,
fenced perimeters
and armed cover-
age.

Level IV
Cells, fenced or
walled perimeters,
electronic secu-
rity, more staff and
armed officers both
inside and outside
the facility.

SHU
Security Housing
Unit. The most
secure area within
a level IV prison
designed to provide
maximum coverage.

RC
Reception Center.
Provides short term
housing to process,
classify, and
evaluate incoming
inmates.

Cond
Condemned. Holds
inmates with death
sentences.

California Department of Corrections and Rehabilitation

Security Overview & Laws, Rules and Regulations Regarding Conduct and Association with State Prison Inmates

The goal of the Correctional Institution is to keep the public safe by keeping persons committed to custody confined and to afford those individuals with rehabilitative activities.

The following is a summary of security regulations and information that generally apply to all institutions. Upon starting at your institution, be sure to obtain more specific information and training applicable to your work site.

Basic Rules

- No alcohol, drugs, weapons, explosives, tear gas or tear gas weapons may be brought onto prison property.
- Use of tobacco or tobacco products on the grounds that house or detain inmates is prohibited and must be secured off grounds.
- No cell phones, personal electronic devices, glass bottles/containers or metal utensils may be brought into security perimeter.
- All vehicles must be secured; have ignition switches in locked position, keys must not be left in any vehicle, windows must be rolled up and doors locked while on institution or community correctional facility grounds.

Dress & Attire

Appropriate attire is clothing that does not present a safety hazard to employees or contractors while performing their duties and clothing that is suitable in the presence of inmates. Clothing must be neat, conservative and consistent with the type of work being performed and the setting in which work is conducted:

- No blue denim pants, shorts, shirts or jackets.
- No blue chambray shirts, jackets or pants.
- No blue sweatshirts.
- No orange (Reception Center) pants, shirts, jumpsuits or shorts.
- No yellow rain coats or rain pants.
- No fabric made in such a manner to resemble blue denim material or state issue inmate clothing.
- No camouflage.
- No transparent clothing.
- No tank tops/sling shot tops.
- No strapless, halter, spaghetti straps and/or bare midriff clothing.
- Tights are an acceptable alternative to hosiery for wear under dresses or skirts; however tights and spandex type materials will not be worn in lieu of slacks.

Identification Cards

Every contractor is required to have valid picture identification such as: California's Drivers License, Identification Card or Passport. A lost CDCR identification card is considered a very serious breach of security and you are to report it immediately to a Custody supervisor.

Please check with your institution for additional policies in regards to CDCR identification cards.

Primary Laws, Rules and Regulations Regarding Conduct and Association with State Prison Inmates

Individuals who are not employees of CDCR but who are working in and around inmates who are incarcerated within California's institutions/facilities or camps are to be apprised of the laws, rules and regulations governing conduct in associating with prison inmates. The following is a summation of pertinent information when contractors come in contact with prison inmates:

- Persons who are not employed by CDCR, but are engaged in work at any institution/facility or camp must observe and abide by all laws, rules and regulations governing the conduct of their behavior in associating with prison inmates. Failure to comply with these guidelines may lead to expulsion from CDCR institutions/facilities or camps. SOURCE: California Penal Code (PC) Sections 5054 and 5058; CCR, Title 15, Sections 3285 and 3415.
- CDCR does not recognize hostages for bargaining purposes. CDCR has a "NO HOSTAGE" policy and all prison inmates, visitors, and employees shall be made aware of this. SOURCE: PC Sections 5054 and 5058; CCR, Title 15, Section 3304.
- All persons entering onto institution/facility or camp grounds consent to search of their person, property or vehicle at any time. Refusal by individuals to submit to a search of their person, property, or vehicle may be cause for denial of access to the premises. SOURCE: PC Sections 2601, 5054 and 5058; CCR, Title 15, Sections 3173, 3177 and 3288.
- Persons normally permitted to enter an institution/facility or camp may be barred, for cause, by the CDCR Director, Warden and/or Regional Parole Administrator. SOURCE: PC Sections 5054 and 5058; CCR, Title 15, Section 3176 (a).
- It is illegal for an individual who has been previously convicted of a felony offense to enter into CDCR institutions/facilities or camps without the prior approval of the Warden. It is also illegal for an individual to enter onto these premises for unauthorized purposes or to refuse to leave said premises when requested to do so. Failure to comply with this provision could lead to prosecution. SOURCE: PC Sections 602, 4570.5 and 4571; CCR, Title 15, Sections 3173 and 3289.
- Encouraging and/or assisting prison inmates to escape is a crime. It is illegal to bring firearms, deadly weapons, explosives, tear gas, drugs or drug paraphernalia on CDCR institutions/facilities or camp premises. It is illegal to give prison inmates firearms, explosives, alcoholic beverages, narcotics, or any drug or drug paraphernalia, including cocaine or marijuana. SOURCE: PC Sections 2772, 2790, 4533, 4535, 4550, 4573, 4573.5, 4573.6 and 4574.

Security Overview

- It is illegal to give or take letters from inmates without the authorization of the Warden. It is also illegal to give or receive any type of gift and/or gratuities from prison inmates. SOURCE: PC Sections 2540, 2541 and 4570; CCR, Title 15, Sections 3010, 3399, 3401, 3424 and 3425.
- In an emergency situation the visiting program and other program activities may be suspended. SOURCE: PC Section 2601; CCR, Title 15, Section 3383.
- For security reasons, visitors must not wear clothing that in any way resembles state issued prison inmate clothing (blue denim shirts, blue denim pants). SOURCE: CCR, Title 15, Section 3171 (b) (3).
 - While on institution grounds, contractor and all its agents, employees and/or representatives shall be professionally and appropriately dressed in clothing distinct from that worn by inmates at the institution. Specifically, blue denim pants and blue chambray shirts, orange/red/yellow/white/chartreuse jumpsuits and/or yellow rainwear shall not be worn onto institution grounds, as this is inmate attire. The contractor should contact the institution regarding clothing restrictions prior to requiring access to the institution to assure the contractor and contractor's employees are in compliance.
- Interviews with SPECIFIC INMATES are not permitted. Conspiring with an inmate to circumvent policy and/or regulations constitutes a rule violation that may result in appropriate legal action. SOURCE: CCR, Title 15, Sections 3261.5, 3315 (3) (W) and 3177.
- Upon the sounding of an alarm, all inmates will be directed to "GET DOWN" over the Public Address (PA) System and/or upon the arrival of Custody staff, orders will be given to the inmates to "GET DOWN." You are to remain standing and to be as still as possible, which is done so Custody can quickly determine who the inmate combatants are and their location. You should quickly position yourself in a safe location, out of the way (do not run) to allow the custody staff to quell the disturbance. If you are inside and near a hallway or interior wall or outside and near an exterior building wall, move toward and stand next to the wall. Always follow all instructions given to you by the Custody staff during the emergency.
- A whistle is an alternative method for summoning assistance in an emergency. Custody staff will respond to the sound of a whistle. You are required to have a whistle with you at all times while you are on institutional grounds. Do not blow your whistle unless your personal safety is threatened or you see inmates involved in physical violence. Do not lose your whistle.
- Keys are very important in an institutional setting. Inmates are never to handle your keys. A lost key is considered a very serious breach of security and you are to report it immediately to a Custody supervisor. Please check with your institution for more policies in regards to tool and key control.

- Always keep your institution issued equipment, laptop, cell phone, etc, secured on your person or locked in a safe place as directed by prison staff. Lost equipment is a very serious breach of security. If you lose equipment report it immediately to a Custody supervisor. Personal cell phones are not allowed.
- If your institution issued cell phone has camera capability, you may not under any circumstances take pictures on prison grounds without express permission from the Warden or his/her designee. Doing so is cause to have your camera/phone confiscated and your further access to the prison denied. Remember no personal electronic equipment is allowed on grounds.
- Always keep your CDCR picture ID securely on your person. Present your picture ID promptly to any Custody officer who requests it. Remember they are there to provide security for everyone.
- Don't discuss personal business or your personal life with inmates. Be mindful when having such discussions with staff members within the institution.

Use of Force

It is the policy of CDCR to accomplish the custodial and correctional functions with minimal reliance on the use of force. Contractors may use reasonable force as required in the performance of their duties, but unnecessary or excessive force shall not be used.

- **Reasonable Force:** The force that an objective, trained and competent correctional employee, faced with similar facts and circumstances, would consider necessary and reasonable to subdue an attacker, overcome resistance, effect custody, or gain compliance with a lawful order.
- **Unnecessary Force:** The use of force when none is required or appropriate.
- **Excessive Force:** The use of more force than is objectively reasonable to accomplish a lawful purpose.
- **Non-Deadly Force:** Any use of force that is not likely to result in death.
- **Deadly Force:** Any use of force that is likely to result in death. CDCR recognizes the sanctity of human life. Therefore, deadly force will only be used when it is the reasonable force, as defined in CCR Section 3268 (a) (1).

Prison Gangs

A Prison Gang is any gang which originated and has its roots within the Department or any other prison system. Some of these groups are: "Bloods," "Crips," "Southern Hispanic," "Northern Hispanic," and the "Fresno Bulldogs."

Inmate Housing and Count Guide

Designation of a degree of an inmate's custody is reasonably related to legitimate penological interests. CDCR uses inmate custody designation to establish where an inmate is housed, assigned, and the level of staff supervision required ensuring institutional security and public safety. Institutions must account for all inmates at all times; CDCR utilizes inmate counts. Please check with your designated institutional contact for information regarding designations and/or procedures.

Inmate Movement

Controlling inmate movement is a process that ensures the accountability of the inmates, and is a requirement for the security of the institution, and the safety of inmates, staff, and the public.

- **Routine Movement:** Each facility has an established schedule of routine inmate movement to and from facility activities. Examples of routine movement are work and education releases, meal releases and pill lines.
- **Scheduled Non-Routine Movement:** A CDC Form 129, Inmate Pass, commonly referred to as a “ducat” (pronounced ‘duck-it’), is issued to an inmate approved for movement to a scheduled non-routine appointment. All health care services appointments are considered a priority and inmates are issued priority ducats.
 - It is essential that the inmate is accounted for at all times.
 - Inmates must respond promptly to notices given in writing, announced over the public address system, or by any other authorized means.
 - An inmate who does not appear for a scheduled appointment presents a potential threat to safety and security.
 - You have a responsibility to report to the custody supervisor an inmate’s failure to show for an appointment.
- **Unscheduled Movement:** Unscheduled movement of an inmate may not occur unless the inmate is escorted by staff, or a pass has been issued by staff authorizing the movement. A hand written pass may be initiated in this instance.

Remember, a pass authorizes inmate movement. As such, the inmate population may not have access to blank inmate pass forms. It is important that the blank passes be secured in an area where there is no inmate access.

Limited Visibility: When visibility at a facility is severely restricted due to inclement weather, fog/dust storms etc., inmates will be confined to their housing units. A limited visibility count is conducted to account for all inmates. During times of limited visibility, all inmate movement is under the direct and constant supervision of staff.

Inmate/Staff Relations

The establishment and maintenance of proper inmate/staff relations is essential to the daily operations of CDCR. Employees and contractors must not engage in undue familiarity with inmates, parolees, or the family and friends of inmates or parolees. Whenever there is reason for an employee or contractor to have personal contact or discussions with an inmate or parolee or the family and friends of inmates and parolees, the employee or contractor must maintain a helpful but professional attitude and demeanor. Employees or contractors must not discuss their personal affairs with any inmate or parolee.

CCR, Title 15, Section 3401 states that:

a) Except as provided in (e) below, employees shall not take, deliver or otherwise transmit, either to or from any inmate or member of an inmate's family; any verbal or written message, document, item, article or substance.

(b) Except as provided in (e) below, employees shall not contact, correspond or otherwise communicate with any inmate, parolee or member of an inmate's or parolee's family.

(c) If an employee is contacted by any inmate, parolee or member of an inmate's or parolee's family, other than under circumstances specified in (e) below, the employee shall immediately notify, in writing, the employee's institution head or director/assistant secretary of that fact.

(d) Any employee asked, coerced or otherwise contacted by any person to transmit, take or relay any message, item or substance, either to or from, any inmate, parolee or member of an inmate's or parolee's family, by other than approved means or circumstances, shall immediately notify, in writing, their institution head or director/assistant secretary of that fact.

(e) Exceptions to the above prohibitions are as follows:

(1) In the execution of their assigned duties, employees shall issue, or receive from inmates any mail, packages, supplies and other items due or permitted them according to department policy and local procedures.

(2) In the execution of their assigned duties, employees shall interact with any inmate, parolee or member of an inmate's or parolee's family as necessary.

(3) While off-duty, and only in accordance with this regulation, departmental employees may conduct relationships with any inmate, parolee or member of an inmate's or parolee's family who is either the employee's immediate family member, as defined in section 3000, or the employee's aunt, uncle, niece, nephew, or first cousin.

Workplace Violence Prevention Program

CDCR workplace violence policy was established February 17, 1999 by memorandum issued by the Director.

Departmental Discipline Policies and Practices

- Performance standards, causes for adverse action and disciplinary matrix penalty levels, among other matters, are set forth in DOM Chapter 3 Article 22, pertaining to employee discipline.
- Alleged employee misconduct is investigated in accordance with staff responsibilities and guidelines contained in DOM Chapter 3 Article 14, pertaining to employee misconduct.

CDCR/CCHCS Code of Conduct

Employees, appointees and contractors of CDCR and/or CCHCS, are expected to perform duties at all times as follows:

- Demonstrate professionalism, honesty and integrity;
- Accept responsibility for your actions and their consequences;
- Appreciate differences in people, their ideas and opinions;
- Treat fellow employees, inmates and wards, families of inmates and wards, parolees, and the public with dignity and fairness;
- Respect the rights of others and treat others fairly regardless of race, color, national origin, ancestry, gender, religion, marital status, age, disability, medical condition, pregnancy, sexual orientation, veteran status, or political affiliation;
- Comply with all applicable laws and regulations;
- Report misconduct or any unethical or illegal activity and cooperate fully with any investigation.

Equal Employment Opportunity / Sexual Harassment Policy

CDCR has a zero tolerance policy non-compliance with Equal Employment Opportunity (EEO) and Sexual Harassment (SH) regulations. The policies are based on state and federal laws. The entire CDCR EEO/SH policy is available online at www.cdcr.ca.gov under “About CDCR” Regulations tab. The actual policy is in DOM Chapter 3, Article 1, Section 31010.1.

CDCR/CCHCS is dedicated to ensuring the fulfillment of this policy with respect to all aspects of employment, including recruiting, hiring, placement, promotion, transfer, adverse action, demotion, termination, pay and other forms of compensation, training and general treatment during employment. Because all forms of harassment and discrimination are unprofessional and disrespectful and may damage an individual’s career and well being, CDCR will strictly enforce this policy.

The EEO and SH policies apply to all employees and non-CDCR employees including, but not limited to, volunteers, interns, applicants for employment, contractors and other third parties, whether full time or part time. To the extent that non-CDCR employees exhibit behavior in violation of policy, CDCR will apply the principles of this policy. In addition, CDCR will take whatever action is necessary to implement consequences for violations of this policy by non-CDCR employees.

EEO Policy: CDCR is committed to providing a workplace in which all individuals are treated with respect and professionalism. Consistent with this commitment, it is the policy to provide EEO for all employees, contractors and applicants for employment. Under this policy, employees and contractors are prohibited from:

- Discriminating against or harassing anyone on the basis of race, color, national origin, ancestry, sex (i.e., gender), religion, marital status, age, disability, medical condition, pregnancy, childbirth and related medical conditions, sexual orientation, veteran status, or political affiliation, or any other basis protected by state or federal law or local ordinance. This includes a perception that the person has any of these characteristics or that the person is associated with a person who has or is perceived to have any of these characteristics.
- Engaging in any act of retaliation or reprisal against individuals who have opposed any practices forbidden in this policy or because the person has filed a complaint, testified, or assisted in any discrimination investigation or proceeding.
- Conduct that may not rise to the level of unlawful discrimination, harassment or retaliation in violation of Title VII of the Civil Rights Act of 1964 or the California Fair Employment and Housing Act but constitutes discourteous, disrespectful, or inappropriate behavior.

All CDCR and CCHCS employees and contractors are protected from un-remedied violations of EEO policy by fitting into one or more of the following protected groups:

- | | |
|-------------------|-------------------------|
| • Race | • Color / Shade of skin |
| • Ancestry | • Sex (gender) |
| • National Origin | • Sexual Orientation |

EEO/SH Policy

- Religion
- Disability
- Marital Status
- Age (40+)
- Medical Condition
- Veteran Status
- Political Affiliation or Opinion

CDCR DOM also explains rules regarding:

- Nepotism / Fraternization
- Appointment/Assignments
- Favoritism (isolated versus widespread)
- Blackmail
- Non-Management Employee Liability Harassment

SH Policy: CDCR is committed to providing a workplace in which all individuals are treated with respect and professionalism. Consistent with this commitment, it is the policy of CDCR to provide a workplace that is free from all forms of discrimination and harassment, including SH. Under this SH policy, CDCR employees and contractors are prohibited from engaging in sexual behavior that:

- Rises to the level of SH in violation of Title VII of the Civil Rights Act of 1964 and the Fair Employment and Housing Act.
- Is unprofessional and disrespectful; and, while not unlawful, may contribute to a hostile work environment.
- This SH policy applies to conduct that occurs in any location that is operated by CDCR or considered a workplace of any CDCR or CCHCS employee, as well as any location that can reasonably be regarded as an extension of the workplace, such as at any off-site social or business function, or any other non-CDCR facility where CDCR business is being conducted. Further, this policy applies to all work-related conduct, including conduct occurring off-duty, if such conduct may negatively affect the work environment.

SH generally is defined under state and federal law as unsolicited and unwelcome sexual advances, requests for sexual favors and other verbal, physical, or visual conduct of a sexual nature that interferes with work performance by creating an intimidating, hostile, or offensive work environment. Such conduct may constitute SH if:

- Submission to the conduct or communication is made either explicitly or implicitly a term or condition of employment.
- Submission to or rejection of the conduct or communication is used as a basis for employment or service decisions affecting the individual.
- The conduct or communication has the potential to affect an individual's work performance negatively and/or create an intimidating, hostile, or offensive work environment.
- Examples of conduct that violates this policy include, but are not limited to:
- Unwelcome sexual advances or sexual pressure.
- Demands for sexual favors in exchange for employment benefits, whether express or implied.
- Making or threatening reprisals after a negative response to sexual advances.

- Verbal conduct of a sexual nature, such as derogatory or demeaning comments, slurs, sexually explicit jokes, comments about an individual's body or physical appearance, suggestive or obscene remarks, or practical jokes.
- Physical conduct such as leering, sexual gestures, impeding or blocking movements, pinching, grabbing, patting, intentionally brushing up against another individual, rape, or assault.
- Visual conduct of a sexual nature, such as displaying sexually-suggestive objects, cartoons, pictures, or posters.

Discrimination, Harassment, and Retaliation is costly

A lack of understanding or compliance with EEO or SH will allow inappropriate or illegal behaviors to continue in the workplace. In addition, it may cost individually as litigation is not only applied to the department as a whole but individuals can also be held personally liable for harassment.

Consequences of Violation

Some identified consequences of EEO and/or SH violations, including violations that do not explicitly violate State or Federal Law are:

- Appropriate corrective and/or disciplinary action (i.e. demotion, loss of pay, suspension, letter of instruction).
- Up to and including termination from state service or cancellation of contract.

Criteria for EEO / SH violation

EEO and/or SH policy violations are usually comprised of three elements which complete a causal connection or 'nexus':

- Protected group (as basis for harm).
- Qualifying harm (issue).
- Nexus. This is the causal connection between the qualifying harm and protected group.

If any of these elements do not exist, a complaint does not meet the prima facie (first face) criteria for EEO and/or SH. In other words the 'nexus' should be self-evident.

Everyone has an individual role to play with respect to CDCR EEO and/or SH policy. All employees and contractors must:

- Adhere to and enforce EEO and/or SH policies and procedures.
- Report any violations by filing a complaint.
- Cooperate with any investigation regarding a violation of EEO and/or SH policies.
- Attend training as mandated.

Any employee or contractor who witnesses any inappropriate behavior that violates the Departments EEO and/or SH policy can file a complaint. A complaint can be made to:

- Any CDCR or CCHCS Manager
- EEO Counselor / Coordinator
- CDCR OCR
- United States Equal Employment Opportunity Commission, Department of Fair Employment and Housing and/or State Personnel Board

Prison Rape Elimination Act (PREA)

Policy:

According to DOM, Chapter 5, Article 44, CDCR is committed to providing a safe, humane, secure environment that is free from sexual misconduct. This will be accomplished by maintaining a program to address education/prevention, detection, response, investigation, and tracking of sexual misconduct and to address successful community re-entry of the victim. CDCR maintains a zero tolerance for sexual misconduct in its institutions, community correctional facilities, conservation camps and for all offenders under its jurisdiction. All sexual misconduct is strictly prohibited. This policy applies to all offenders and persons employed by the CDCR including volunteers and independent contractors assigned to an institution, community correctional facility, conservation camp or parole.

Retaliatory measures against employees or offenders who report incidents of sexual abuse are not tolerated and will result in disciplinary action and/or criminal prosecution. Retaliatory measures include, but are not limited to, coercion, threats of punishment, or any other activities intended to discourage or prevent an employee or offender from reporting the sexual abuse.

Background:

The Prison Rape Elimination Act of 2003 was enacted by Congress to address the problem of sexual abuse of inmates in correctional agencies. A major provision of PREA is adhering to a ZERO TOLERANCE POLICY. CDCR implemented a zero tolerance policy for sexual misconduct in institutions, community correction facilities, camps and for all offenders under CDCR jurisdiction. The policy covers offenders, CDCR employees, volunteers and independent contractors.

The best way to prevent sexual assaults is:

- Know and enforce the rules regarding sexual conduct of offenders.
- Be professional at all times.
- Do not laugh or joke about sexual activity or sexual abuse with or around offenders or staff.
- Do not use female names or prison slang when referring to a male offender.
- Make it clear that sexual behavior is not acceptable.
- Treat any suggestion or allegation of sexual assault as serious.
- Follow appropriate reporting procedures.
- Never advise an offender to use force to repel sexual advances.
- Recognize that this is a very sensitive and important issue.

Information Security Awareness

Introduction

All employees and contractors accessing or using CDCR computers are required to annually participate in information security awareness training. Please refer to the information security awareness training booklet for more information and further details in regards to this policy. This booklet also covers the policy of the following topics:

- Electronic mail
- Passwords
- Internet Usage
- Telephone Usage
- Remote Access
- Anti-virus
- Computer Software
- Computer Hardware

Please ask your designated institutional contact for more information in regards to this policy.

Information Security

CDCR and CCHCS staff and contractors routinely obtain information that is private and often sensitive. Healthcare staff have ethical, legal and professional obligations to keep such information confidential. There are specific laws, regulations and policies dealing with confidentiality and privacy.

Information security is a requirement for every CDCR employee and contractor. When working with any form of records or data, it is important that you do everything possible to make sure these information assets are secure.

What is Information Security?

Information security is the protection of information assets from unauthorized access, modification, theft, destruction and disclosure. This includes the strategies, policies, procedures, mechanisms and technical tools used relating to the protection of information, as well as the systems and equipment that contain and process that information. The practice of information security means to protect the item or information at all times.

Information can come in many forms and is comprised of a collection of facts or data. Listed below are some examples of the different forms of information you might see at work:

- Computer screen displays
- Word processing documents
- Spreadsheets
- Graphics and drawings
- Presentations
- Computer hard drives and records
- Conversations both on and off the phone
- Computer printouts
- Letters, memos and reports
- FAX documents
- Diskettes, CDs and USB portable drives
- Electronic mail and schedules
- Voice mail messages

What is Information Privacy?

Information privacy is the process of preventing unauthorized access to personal information. It is important to understand that giving out any personal information to a person not authorized to receive it is a violation of Information Privacy. Personal information should

only be provided to individuals with a "need to know" and they must be authorized to access the information.

Laws and Policies Governing Information Security

Information security is defined by laws and regulations. The California State Constitution provides the right to privacy to all individuals. Federal and state laws require the implementation of specific security provisions. Some information security violations, such as unauthorized modification or destruction of a computer system or data, are punishable by a fine and/or incarceration. Information security is not an option or choice; it is a legal requirement. The Information Security Awareness Training identifies these laws.

Confidentiality in the Medical Correctional Setting

The California State Constitution guarantees the right of privacy. This right of privacy includes the right to keep medical information private. Another protection is the right to sue *in tort* for invasion of privacy where there is a public disclosure of private facts, or when private facts are used for an improper purpose.

Title 22 lists various inmate-patient rights. One of those rights is the right to “full consideration of privacy concerning the medical care program. Case discussion, consultation, examination, and treatment are confidential and should be discussed discreetly. The inmate-patient has the right to be advised as to the reason for the presence of any individual.” In addition, individuals also have the right to “confidential treatment of all communications and records pertaining to their care and stay in the hospital.”

DOM requires that inmate-patient health records be protected in a confidential manner, and only shared with health care providers or legal representatives of the inmate-patient. DOM also states “An inmate-patient shall not review or be given access to another inmate-patient’s health record.”

The Confidentiality of Medical Information Act contained in the California Civil Code (Section 56.10 et seq.) states that inmate-patient’s identifiable medical information cannot be disclosed without written authorization from the inmate-patient or a representative of the inmate-patient as outlined in the statute. One exception however, is disclosure of medical information to other healthcare professionals or facilities for the purpose of diagnosis and treatment of the inmate-patient (including pre-hospital care radio transmission in emergency situations). Disclosures pursuant to mandatory reporting laws may be made, such as reporting contagious diseases, but only to the extent necessary to comply with the reporting requirement.

Health and Safety Code (H&S) addresses denying access to mental health files when the clinician believes that the information is harmful to the inmate-patient. Specifically, the mental health field which includes Psychiatrist, Psychologists and Licensed Social Workers adhere to very specific Federal and State Laws regarding mental health records and their release. H&S, Section 11977 requires the confidentiality of drug abuse treatment records which may be disclosed only to medical personnel/professionals with consent of the inmate-patient.

Title 15 and other statutes outline strict confidentiality rules governing disclosure of HIV test results. “No person, without written authorization for the affected individual, shall disclose the name or other identifying information of any person as having Acquired Immune Deficiency Syndrome (AIDS) nor shall they disclose any person’s blood test results to detect AIDS related antibodies.” Any individual making an unauthorized disclosure is subject to both civil and criminal penalties. Criminal sanctions may be applied where the disclosure resulted in economic, bodily, or psychological harm to the HIV test subject.

- **The H&S Code, Section 120975** indicates that a physician’s notation in the inmate-patient’s medical record of an HIV test result is permissible and does not constitute a prohibited disclosure.
- **The H&S Code Section 121070 and Penal Code (PC) Section 7522** provide that the officer in charge of a correctional facility must be informed by medical staff of all inmate-patients who are HIV infected (HIV+). The officer or medical staff member shall notify those employees who have direct contact with HIV + inmates, while also notifying them that such information shall be kept confidential. A violation of confidentiality within this context constitutes a misdemeanor.
- **Nonconsensual HIV testing laws (H&S Sections 121050-121070; PC Section 7500 et seq; PC 1202.1)** permit or require the disclosure of HIV status in limited situations to potentially exposed individuals and/or to a court of law. For example, PC Section 1202.1 requires that all persons convicted of felony sexual offenses must submit to a court-ordered HIV antibody test, and the results shall be transmitted by the clerk of the Superior Court to the California Department of Justice and the County Health Officer.
- **H&S Section 12105**, states a physician, during a contact investigation, may notify a third party that they may have had sexual relations with an HIV+ individual, provided that the name of the infected person is not used.

Other laws and department policies are applicable and are covered further in other sections of this handbook.

Confidential Material

Title 15 states that the following types of information shall be classified as confidential:

- Information which, if known to the inmate-patient, would endanger the safety of any person.
- Information which would jeopardize the security of the institution.
- Specific medical or psychological information, which, if known to the inmate-patient, would be medically or psychologically detrimental to the inmate.
- Information provided and classified confidential by another government agency.

Confidentiality Requirements

- Avoid discussing information pertaining to the inmate-patient in areas where the conversation can be overheard by others, especially inmate-patient porters.
- Avoid discussing inmate-patient identifiable medical information in halls, elevators or the cafeteria.
- Do not share such information with those not directly involved in the inmate-patient’s care such as custody, your family, or friends.

Information Security Awareness

- Safeguard medical records so that they cannot be viewed by unauthorized people.
- Do not post medical information about inmate-patients where it can be viewed by others.
- Refer calls from the media or government agencies to a designated CDCR/CCHCS spokesperson.

Appropriate Use of CDCR Information Assets

Information assets belonging to CDCR are made available to all authorized users that require information technology resources. Before you use any of the CDCR information assets, you must understand the appropriate usage of those assets and your responsibility for their use. Information assets must only be used for CDCR-related business activities. As a CDCR contractor, you are expected to follow federal and state laws, regulations, and policies outlined in the Information Security Awareness Training.

Classify and Protect Information Assets

Information assets fall into different categories. It is important that you become familiar with the information assets you routinely use or access in order to learn how to correctly manage and protect these resources. More information is found in the Information Security Awareness Training.

Information Security Incidents

An essential part of your individual information security responsibilities is to report known or suspected security incidents that may place CDCR information assets at risk.

Acknowledgment

All employees, contractors, vendors, consultants, students and other workers with access and privileges to CDCR/CCHCS equipment and information are required to comply with CDCR's Information Security Policy as stated in DOM Section 49020.10.1. In addition they must take the Information Security Awareness training and sign a CDCR ISO-3025. Contractors must also sign a CDCR ISO-1900.

Security Awareness Self-Certification and Confidentiality

CDCR ISO-3025 (09/06)

Annual information security awareness training is required for all CDCR employees, including vendors, consultants, students, and other workers at CDCR with access privileges to Department of Corrections and Rehabilitation's information and information systems. CDCR employees shall certify their compliance with the CDCR's Information Security Policy. See DOM, Section 49020.10.1.

User Name: _____ Division/Affiliation: _____
 Title: _____ E-mail: _____
 Telephone: _____ Fax No.: _____
 Contract/Agreement No. (if applicable): _____
 Annual Security Awareness Training Completed: _____
 (Date)

As a user of CDCR information and information systems, I agree to the following terms and conditions:

- I shall comply with all State policies and laws regarding use and protection of State information resources and State data.
- I shall comply with all CDCR information security policies as defined in CDCR's Department Operations Manual (DOM), Chapter 4, Article 45, Information Security Policy.
- I shall use CDCR information and information systems for authorized purposes only.
- I agree to exercise all precautions necessary for protecting confidential, sensitive, and personal information.
- I agree to use care to physically secure information system equipment from unauthorized access, theft, or misuse.
- I agree to not share my user ID or reveal my passwords to anyone.
- I shall only access system areas, functions, or files that I am formally authorized to use.
- I shall access CDCR systems and networks using only my assigned user IDs and passwords.
- I shall not perform any act that interferes with the normal operation of computers, terminals, peripherals, or networks at CDCR.
- I agree to use only CDCR approved hardware and software.
- I shall comply with all applicable copyright laws.
- I have read CDCR's Information Security Awareness Training Booklet, and understand my responsibilities as described in that material.
- I understand that illegal use of CDCR information and information systems may be a public offense punishable under Section 502 of the California Penal Code.

USER SIGNATURE	USER NAME (Print)	DATE
LOCATION ADDRESS	WORK AREA	TELEPHONE
SUPERVISOR/MANAGER SIGNATURE	NAME AND TITLE (Print)	DATE

Filing Instructions:

Provide a copy of this signed statement to the user. The signed original is to be filed with the local Information Security Coordinator (ISC) and available for review by the Information Security Office.

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INFORMATION ACCESS AND SECURITY AGREEMENT

The State Administrative Manual (SAM) Section 4841.2 requires that State agencies acquire written agreements with non-State entities (for example, vendors, consultants, researchers, federal and local government entities, or other state entities) before agencies allow access to State data. This agreement fulfills the requirement for query access requests from all non-CDCR entities, including non-State entities. Alternate agreements are required for all other access requests, including requests to transmit and store CDCR data. Refer to Department Operations Manual (DOM), §§ 49020.9 and 49020.10.

☐ New Request ☐ Renewal Request

Requestor: _____ Company/Affiliation: _____
Title: _____ E-mail: _____
Telephone: _____ Fax No.: _____
Contract/Agreement No. (if applicable): _____

I agree to the following terms and conditions:

- I shall comply with all State policies and laws regarding use of State information resources and data.
- I agree not to store, distribute, or share information obtained through this agreement and access authorization in any way without prior written approval from California Department of Corrections and Rehabilitation (CDCR) and shall hold this information in strict confidence.
- I agree to use CDCR information and information access for authorized purposes only.
- I agree to exercise all precautions necessary to assure the protection of CDCR information in my care from unauthorized disclosure, access, modification, and destruction.
- I agree to use my user ID and password to access this system only while completing my assigned duties. I understand that my user ID and password may not be shared with or used by any other person.
- I agree to notify CDCR promptly if information obtained through this agreement is compromised, lost, or stolen. This includes unauthorized use of the CDCR-provided user ID and password.
- I understand that unauthorized access or disclosure of information provided to me by CDCR may be a public offense punishable under Section 502 of the California Penal Code.
- I understand that CDCR may monitor my access at any time, with or without notice, for the purpose of ensuring compliance with agreement.
- I also understand that this agreement must be renewed annually each year that I am provided access to CDCR information. I further acknowledge that I have received and reviewed a copy of the attached CDCR Information Security Policies.

Requestor's Signature:

(Name) (Date)

For CDCR Use Only

SYSTEM ACCESS AUTHORIZED BY: _____
SYSTEM TO BE ACCESSED: _____
ASSIGNED USER ID: _____
ACCESS ACCOUNT CREATED BY: _____

The data to be accessed contains confidential or personal information: ☐ Yes ☐ No

DISTRIBUTION: Original-File / Copy-Requestor

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Health Insurance Portability and Accountability Act

What is HIPAA?

The Health Insurance Portability and Accountability Act (HIPAA) is a Federal law passed by Congress in 1996 that protects the privacy of an individual's medical information and was implemented by the Federal Department of Health and Human Services.

What does HIPAA cover?

- Health care transactions like eligibility, authorizations, claims and payments
- Confidentiality and privacy of health information
- Security of electronic systems that transmit and receive health information

Who is protected by HIPAA?

- Persons receiving health care services provided by CDCR and/or CCHCS employees and contractors.
- Persons receiving health care services paid for by CDCR or CCHCS.

What information is confidential?

Any information about the health of an individual, which identifies or can be used to identify the individual, is confidential. HIPAA applies to information communicated orally and in writing. It applies to information stored in hard copy or any electronic device or database, or that is transmitted through any electronic means.

I don't even work around patients. Why tell me?

You do not have to work directly in inmate-patient care to be affected by HIPAA. If you work for the CDCR or CCHCS, you may see inmate-patient information every day. You may have access to locked offices that often contain confidential information about inmate-patients. If you walk through inmate-patient care areas on your way to an office, you may come in contact with our inmate-patients. HIPAA says we must keep information about our inmate-patients and clients confidential.

What about casual contact?

If you gain access to confidential information, even accidentally, in the course of performing your work duties, you must not share it. Our inmate-patients have a legal right to privacy; and in your role as a contractor, you have an obligation to maintain that privacy.

What do you mean, "Need to Know?"

Your need to know confidential information is defined by the work you perform. If you must know the information to successfully perform your work duties, then you have a right to know the information. Your co-worker, however, might not need to know the same information as you in order to do his or her work.

What happens if I release confidential information?

Releases of (protected health) information require a Release of Information Form to be completed and signed. Violating the confidentiality and privacy of our inmate-patients, even unintentionally, is serious. There may be occasion when you accidentally lose or release

protected health information (PHI) in a fax or email, and other times you may observe someone obtaining unauthorized access/disclosing PHI. In all cases you need to report the matter immediately to the Information Security Office. Not responding to a potential HIPAA violation can result in discipline up to and including termination or cancelling of contract. In addition, there are personal fines and criminal penalties that could be brought against you.

What should I do if I see confidential information?

If you see confidential information left unattended or unsecured or you witness any practice that you think might result in release of confidential information, you should either report it to your designated institutional contact or to the Information Security Officer and/or HIPAA Program staff. The important thing is that you tell someone so that the problem can be corrected.

What else can I do to help comply with HIPAA?

There are procedures all of us can follow to help protect the confidentiality and privacy of our inmate-patients who receive services.

- Treat all health information as confidential.
- Never access information that you are not specifically authorized to access.
- Never discuss confidential information with anyone, inside or outside the department, who is not specifically authorized to know the information.
- When you do share information with authorized persons, keep in mind who might overhear the conversation; lower your voice when necessary.
- Make sure confidential information is secured when you step away from your work area.
- Move fax machines that are used to receive or transmit confidential information to secure locations away from public access.
- Always lock file cabinets that contain confidential information and lock doors to offices where confidential information is housed.
- Never throw confidential information away in trashcans or unlocked recycle bins. Always shred it and/or discard in locked recycle bins.

What are the key inmate-patient rights under HIPAA?

- Right to receive a notice of privacy practices (NPP) regarding their health information (our inmate-patients are exempt from this requirement)
- Right to access and obtain a copy of their protected health information (PHI)
- Right to an accounting of certain disclosures of PHI
- Right to request a correction or amendment of PHI
- Right to request restriction of uses and disclosures of their PHI
- Right to file a privacy complaint

Be Familiar with the Privacy Policies for your Area of Responsibility

If you have questions please visit the CCHCS website or check with your local reporting authority.

Injury and Illness Prevention Program

The Federal Government through Cal OSHA and Fed OSHA and the CCR, Title 8, Section 3203 requires that every employer have an Injury and Illness Prevention Program (IIPP) plan in writing and address:

- Assignment of responsibility
- Identification of Workplace Hazards
- Communication
- Correction of Hazards
- Investigating Injuries and illnesses
- Health and Safety Training
- Ensuring compliance with the law

The IIPP consists of information on equipment, workplace violence, respiratory protection, ergonomics, tuberculosis training and testing, bloodborne pathogen training, hazard communication, reporting and investigating workplace injuries and illnesses and supervisory investigations along with training of all employees in health and safety training. Although these legal requirements apply only to CDCR's relationship with its employees, it is important for contractors also to be familiar with CDCR's IIPP, to ensure their own safety, as well as the safety of all other persons in the contractors' work areas.

There are positions both within and outside the institution essential to the maintenance of the IIPP. In addition specific staff and their responsibilities as pertaining to the IIPP:

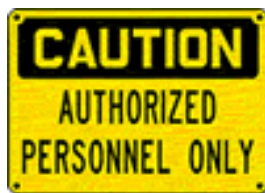
- **Safety Committee** - Each institution and organization has a safety committee which has the ongoing responsibility to ensure safety in the workplace. Positions on the committee normally rotate annually and individuals should be at the level of a Staff Services Analyst and employed by the state for at least one year prior to joining.
- **Safety Officer** - At CDCR institutions, the Safety Officer is usually the Institutional Fire Chief. At CDCR non-institutional sites, the position of the Safety Officer is usually assumed by risk management or office of employee wellness.
- **Supervisors** - Supervisors play a key role in ensuring safety in the work environment. The supervisor is responsible for completion of an initial report of injury and is responsible for performing an investigation to try and determine what caused the incident and how it might be resolved.
- **Employees and Contractor Responsibilities** - All employees and contractors are responsible for complying with all safety regulations and policies. It is your responsibility to follow safe work practices and immediately report any unsafe work conditions or workplace injuries to your designated institutional contact. Each employee and contractor has a responsibility to report workplace hazards and understands that there are no reprisals for reporting unsafe conditions.

Risk to staff and contractors:

- **Workplace Violence** - Workplace violence is not tolerated. If you are experiencing or have knowledge of a situation that you think might be construed as workplace violence, let your designated institutional contact or any CDCR or CCHCS manager know as soon as possible.
- **Ergonomics** - Worksite ergonomics are also a part of preventing injuries. Knowledge of appropriate computer or other equipment set ups and proper training will reduce repetitive motion injuries.

- **Fire Safety** - Basic Fire Safety is very important. Remember that if a fire occurs, the fire department must be notified immediately. Never attempt to put out a fire when you are alone and never use a fire extinguisher if the fire is larger than a trash can. If there is a fire in one area of a room, back away to the exit, keeping your eye on the fire at all times. If you are in a building where a fire is located, before going into any room, place the back of your hand against the door. If it is cool to the touch, it is likely safe to enter. If warm or hot, **do not open the door**. There is likely a fire behind the door and opening it could cause a flash over fire and cost you your life.
- **Fire Extinguishers** - Most fire extinguishers used are type A, B, C (chemical based) which means they will put out most types of fires such as those caused by common paper, wood and combustibles. If you elect to use a fire extinguisher, remember the acronym PASS.
 - **P**ull the pin.
 - **A**im the hose at the base of the fire.
 - **S**queeze the handle or trigger.
 - **S**weep from side to side.
- **Safe Lifting** - Back injuries are one of the most common reasons for workplace injuries. Remember to use your legs when you lift. Place your feet shoulder width apart and squat down keeping your back straight. Have the object well balanced between your hands and close to you when you lift. Never twist or bend. If the object has to be moved, turn your entire body and walk to the new placement. Squat down to place the object where it now goes. Push rather than pull items on carts and if it is easier, put a heavy object on a cart to move it.

These are examples of some safety signs you might see at a work location.



Material Safety Data Sheet

The Material Safety Data Sheet (MSDS) provides information on potential hazards in your workplace. Common MSDSs are for cleaning supplies, bleach and copier toner. Each work location should have a binder of MSDSs.

The MSDS provides staff and emergency personnel the proper procedures for handling or working with a particular substance. MSDSs include information such as physical data, toxicity, health effects, first aid, reactivity, storage, disposal, protective equipment and spill/leak procedures. These are of particular use if a spill or other accident occurs.

MSDSs are not meant for consumers. An MSDS reflects the hazards of working with the material in an occupational fashion. MSDSs ARE for:

- Employees or contractors who may be occupationally exposed to a hazard at work.
- Employers who need to know the proper methods for storage, etc.

Injury and Illness Prevention Program

- Emergency responders such as fire fighters, hazardous material crews, emergency medical technicians and emergency room personnel.

Bloodborne Pathogens

Bloodborne Pathogens (BBP) include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Primary causes of blood or body fluid exposure

In order to be exposed to a BBP, you must have contact with blood, a visibly bloody fluid (e.g., bloody saliva in dental procedures or urine containing blood), or a bodily fluid (e.g., semen or vaginal secretions) that contains an infectious organism (virus or bacteria). A virus can enter your body through the bloodstream, open skin, or mucous membranes, which include the eyes, mouth, nose or genitals. Contact with skin that is intact (without new cuts, scrapes, or rashes) poses no risk of infection.

Healthcare personnel are at risk during invasive medical and dental procedures such as injections, surgeries, and cleaning of open wounds and infections.

The following human body fluids pose a risk of containing infectious organisms: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, any other body fluid that is visibly contaminated with blood such as saliva in dental procedures, vomitus and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as during an emergency response.

Although more than 200 different diseases can be transmitted from exposure to blood, the most serious infections are **HBV**, **HCV**, and **HIV**. Fortunately, the risk of acquiring any of these infections following an occupational exposure is low. Experts have worked to determine the best advice for managing an exposure in these situations.

Occupational Modes of Transmission

BBP may be transmitted occupationally as a result of work duties where body fluids are present and have the opportunity to get into the body through a portal of entry. The four most common portals of entry through which BBP may enter the body are:

- Cuts.
- Abrasions.
- Mucous membranes.
- Punctures.

Principles for Preventing Exposure

These principles for preventing the transmission of BBP should be remembered at all times:

- Direct contact with body fluids or other potentially infectious materials (OPIM) may lead to infection.
- Since you cannot tell by looking who is infected, always practice “standard precautions.” Assume all persons and all body fluids are infectious.
- Use barriers to prevent direct contact with body fluids or OPIM.
- The viral status of most inmates is unknown, either because they have not been tested for these diseases, or have tested negative for these diseases.
- Testing negative does not mean a person is not infected--it may mean that an infected person is in the “window period.”

Administrative Controls

Administrative controls are policies, procedures and enforcement measures targeted at reducing the risk of exposure to infectious persons. The Exposure Control Plan (ECP) is the primary *administrative* control and is the source of all CDCR procedures pertaining to exposure prevention and handling the incident after an exposure has occurred (post-exposure management).

Engineering Controls

Engineering controls are tools or devices designed to isolate or remove a Bloodborne hazard from a work duty.

Work Practice Controls

Work practice controls are modifications to procedures that are aimed at minimizing exposure risk. They include rules or techniques for performing your work safely. Examples include: using appropriate PPE; not smoking or handling contact lenses; immediately cleaning up spills such as body fluids.

Exposure Determination

To prevent exposure you need to know the definition of exposure. Cal/OSHA defines occupational exposure as “*reasonably anticipated skin, eye, mucous membrane, or parenteral (through the skin) contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.*” Contractors should assume responsibility for preventing exposure by learning how to perform their work safely.

Standard/Universal Precautions

The basis for preventing transmission of BBP is the use of “standard precautions.” Assume that all body fluids and all persons are infectious and take precautions to avoid the type of contact that can transmit BBP. One very effective method of implementing standard precautions is to ***place a barrier between the skin or mucous membranes and the potentially infectious material.*** Barriers include:

- Gloves.
- Masks.
- Eye protection.
- Protective clothing when appropriate.

In addition to using barriers, contractors should always anticipate exposure, take measures to protect cuts and chapped or scraped skin as well as employ frequent hand washing to reduce the risk of exposure to BBP or other pathogens.

Regulated Waste

While you may not have direct responsibility for handling regulated waste, always place regulated waste in containers that are closed and will not leak. Regulated waste cannot be transported from one place to another without first being placed in a labeled red bag that is fastened closed. Regulated waste must be labeled, color-coded and sealed prior to removal for final disposal. Labels must be fluorescent orange or orange-red with lettering and symbols in contrasting color.

Regulated waste includes any:

BBP Overview

- Item contaminated with liquid, semi-liquid, caked, or dried blood or OPIM or that contains and is capable of releasing blood or OPIM when handled or compressed.
- Contaminated sharps.
- Pathological and microbiological waste containing blood or OPIM.
- Medical waste as defined by *Health and Safety Code Chapter 6.1 Sections 117600-117800*.

Hepatitis B Vaccination

For many persons HBV may be prevented by vaccination, which is at the Contractor's discretion and solely at the Contractor's expense.

Personal Protective Equipment (PPE)

PPE prevents a body fluid from contacting portals of entry on the body. Contractors must learn to put this equipment on correctly and remove it safely when it is contaminated.

A basic kit of PPE includes:

- Face mask to protect the nose and mouth.
- Goggles or safety glasses to protect the eyes.
- Body suits or long sleeve, knee length, moisture resistant gowns.
- Latex or other fluid impervious gloves.
- Shoe/boot covers.

Immediate Post-Exposure Activities

Post exposure management is the implementation of procedures following a direct exposure to bodily fluids or OPIM. Specific protocols are implemented to assess the situation and determine the most effective course of action.

An exposure incident is of serious concern and requires immediate attention. Research has shown that preventive treatment for HIV and Hepatitis B that is given within certain time frames after exposure may reduce the incidence of infection for some persons. Preventive treatment for HIV must be initiated within 1-2 hours of exposure for maximum effectiveness. Preventive treatment for Hepatitis B is initiated within 24 hours for maximum effectiveness. *Therefore occupational exposure is a medical emergency.*

Immediately implement these three procedures in numerical order following an exposure incident:

1. Removal of contaminated clothing and equipment to prevent contamination of the skin or mucous membranes. This should be done immediately by the contractor.
2. Cleaning of wounds and first aid: Cuts, needle punctures and other penetrating injuries should be washed with soap and water; splashes to the nose, mouth or skin should be flushed with water; splashes into the eyes should be irrigated with clean water.
3. Consult a physician immediately.

Staphylococcus aureus (Staph) or Methicillin-Resistant Staphylococcus Aureus infections (MRSA).

Staph is a type of bacteria. Skin infections caused by Staph may be red, swollen, painful, or have pus or other drainage. Some Staph (known as Methicillin-Resistant *Staphylococcus aureus* or MRSA) is resistant to certain antibiotics, making it harder to treat.

Most Staph skin infections are minor and may be easily treated. Staph also may cause more serious infections, such as infections of the bloodstream, surgical sites, or pneumonia. Sometimes, a Staph infection that starts as a skin infection may worsen. It is important to contact your doctor if your infection does not get better.

To keep Staph infections from spreading:

- Wash your hands often or use an alcohol-based hand sanitizer
- Keep your cuts and scrapes clean and cover them with bandages
- Do not touch other people's cuts or bandages
- Do not share personal items like towels or razors

Tuberculosis

Tuberculosis (TB) is an illness caused by bacteria called *Mycobacterium TB*. Like the common cold, it is spread from person to person through the air, by tiny particles called *droplet nuclei*, which contain the mycobacterium bacteria. Droplet nuclei are formed when individuals with pulmonary (lung) or laryngeal (voice box) TB cough, sneeze, talk, shout, sing, or even breathe. The susceptible individuals inhale the droplet nuclei and infection occurs if the mycobacterium bacteria survive the body's defenses.

Concern for TB in Correctional Facilities

Persons living or working within correctional facilities have a higher risk for contracting TB infection or disease, often because of overcrowding and poor ventilation. There is also a disproportionate predominance of inmates who have TB infection. These inmates have acquired TB infection due to risk factors and life styles prior to incarceration that have included:

- Injection drug use.
- Substance abuse.
- Poor access to health care.
- Homeless conditions.
- Poor health and self-care habits.

Annual Tuberculosis (TB) Testing

The California Legislature enacted mandates requiring the Annual TB Skin Test (TST)/Evaluation Program in the CDCR for employees and inmates. CDCR extends this requirement, via contract, to its contractors.

Contractors are required to furnish to CDCR, at no cost to CDCR, a Form CDCR 7336, "Employee Tuberculin Skin Test (TST) and Evaluation," prior to assuming their contracted duties and annually thereafter, showing that the contractors have been examined and found free of TB in an infectious stage. CDCR will provide blank forms to the contractor upon request.

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STATE OF CALIFORNIA
EMPLOYEE TUBERCULIN SKIN TEST (TST) AND EVALUATION
 CDC 7336 (Rev. 10/02)

DEPARTMENT OF CORRECTIONS

DISTRIBUTION:
 WHITE : HCSD PUBLIC HEALTH SECTION
 YELLOW : EMPLOYEE MEDICAL FILE
 PINK : EMPLOYEE

CONFIDENTIAL EMPLOYEE MEDICAL INFORMATION

INSTRUCTIONS: Tuberculosis (TB) screening must be performed by a licensed health care provider whose legally authorized scope of practice allows him/her to conduct medical examinations and/or the MantouxTB Skin Test (TST) in accordance with the recommendations of the Centers for Disease Control and Prevention to determine if a person has TB infection or disease.

EMPLOYEE (Complete the following section - type or print clearly)

1			EMPLOYEE INFORMATION		
PRINT OR TYPE EMPLOYEE'S FULL NAME (AS IT APPEARS ON STATE PAYCHECK) FIRST MI LAST			GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
BIRTHDATE		LAST 6 DIGITS OF SOCIAL SECURITY NUMBER		NEW EMPLOYEE/CADET <input type="checkbox"/> YES <input type="checkbox"/> NO	
INSTITUTION OR DIVISION		UNIT OR BRANCH		DEPARTMENT (IF NOT CDC)	
EMPLOYEE SIGNATURE				DATE	

HEALTH CARE PROVIDER (Complete Sections 2-6 as required - refer to instructions on reverse side of form)

2			PRIOR TST / TB HISTORY (AS DOCUMENTED IN THE EMPLOYEE HEALTH CARE RECORD) NOTE: PRIVATE PROVIDERS ATTACH DOCUMENTATION OF PRIOR HISTORY		
PRIOR SIGNIFICANT TB SKIN TEST/INFECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, DATE: _____ INDURATION SIZE: _____ MM		PRIOR TB DISEASE? <input type="checkbox"/> YES (IF YES, DATE) <input type="checkbox"/> NO	

NOTICE: HIV AND OTHER MEDICAL CONDITIONS MAY CAUSE A TST TO BE NEGATIVE WHEN TB INFECTION IS PRESENT

3						TST ADMINISTRATION (5TU/0.1 milliliter)																	
(CHECK ONE)		LOT NUMBER		EXPIRATION DATE:		TST ADMINISTERED BY (PRINT NAME)		SIGNATURE:		DATE:													
<input type="checkbox"/> TUBERSOL <input type="checkbox"/> APILSOL		_____		_____		_____		_____		_____													
INJECTION SITE: <input type="checkbox"/> LFA * <input type="checkbox"/> RFA **		INJECTION DATE:		INTERPRETATION <input type="checkbox"/> SIGNIFICANT <input type="checkbox"/> INSIGNIFICANT		TST RESULT (MM INDURATION)		DATE TST READ/ OR OF SIGN & SYMPTOM EVAL.															
4												EVALUATION FOR SIGNS AND SYMPTOMS (MUST BE COMPLETED FOR ALL INDIVIDUALS)											
<input type="checkbox"/> NO SYMPTOMS				SYMPTOMS (CHECK ALL THAT APPLY) <input type="checkbox"/> PERSISTENT (>2 WKS) COUGH				<input type="checkbox"/> WEIGHT LOSS (UNEXPLAINED) <input type="checkbox"/> UNEXPLAINED FEVER				<input type="checkbox"/> UNEXPLAINED FATIGUE <input type="checkbox"/> UNEXPLAINED NIGHT SWEATS											
5												CHEST X-RAY											
<input type="checkbox"/> CHEST X-RAY NEEDED <input type="checkbox"/> CHEST X-RAY REPORT ON FILE (COPY REQUIRED)						CHEST X-RAY RESULT <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL						CONSISTENT W/TB <input type="checkbox"/> YES <input type="checkbox"/> NO											
6												COMMENTS: <input type="checkbox"/> EMPLOYEE REFERRED FOR FOLLOW-UP MEDICAL EVALUATION <input type="checkbox"/> EMPLOYEE PROVIDED WRITTEN NOTIFICATION OF TST RESULTS <input type="checkbox"/> NO SHOW-EMPLOYEE NOTIFIED											
<input type="checkbox"/> Employee is Free of Infectious Tuberculosis																							
EVALUATOR NAME						EVALUATOR SIGNATURE						DATE											

* LFA : Left Forearm
 ** RFA: Right Forearm

NOTICE TO PRIVATE PHYSICIANS ON REVERSE SIDE
PLEASE READ PRIOR TO TESTING

NOTICE TO PRIVATE PHYSICIANS
CONFIDENTIAL EMPLOYMENT MEDICAL INFORMATION

THE CALIFORNIA PENAL CODE, SECTION 6006 et seq., REQUIRES ALL DEPARTMENT OF CORRECTIONS' (CDC) employees and certain other individuals to have an initial, annual, and as medically necessary Mantoux Tuberculin Skin Test (TST) or evaluation. The testing must occur as instructed below. The employee must provide the results of the TST and/or evaluation on the REQUIRED form: the Employee Annual Tuberculin Skin Test (TST) and Evaluation, CDC 7336.

DEFINITIONS:

INDURATION: Swelling or raised skin. Note: the presence of erythema is **NOT** indicative of a TST reaction; only the induration is measured.

MANTOUX TST: Intradermal injection of 0.1 milliliters (ml) of Purified Protein Derivative, 5 Tuberculin Units (TU).

PRIOR TST: A Mantoux TST in which clearly documented and dated results are available in millimeters (mm).

INSIGNIFICANT TST RESULT: Induration of less than ($<$) 10 mm if new, or $<$ 5 mm, if contact or known immunocompromised.

SIGNIFICANT TST RESULT: Induration equal to or greater than (\geq) 10 mm, OR $>$ 5 mm if contact or known immunocompromised.

INSTRUCTIONS: EMPLOYEE

1. Complete all of the items in SECTION 1 - All Boxes Must Be Completely Filled In.

- Be sure the information you provide is accurate and complete.
- The health care provider(s) (HCP) administering and evaluating the TST, including the exam for TB signs and symptoms, must sign and date the appropriate blocks.
- Advise the HCP to follow the steps below when completing **SECTION 2** through **SECTION 6**.
- If a chest x-ray (CXR) is needed, you must submit a copy of the CXR report with this form to be placed in your health record.
- Submit the completed form (**Employee Tuberculin Skin Test (TST) and Evaluation, CDC 7336**), in a sealed envelope, as instructed by your supervisor/TB coordinator.

INSTRUCTIONS: HEALTH CARE PROVIDER - All Boxes Must Be Completely Filled In.

SECTION 2: If prior TST results are available, the employee or HCP must provide written documentation including the patient's name, date test was administered, and reaction in mm. **Document this in SECTION 2. If documented results are:**

- **INSIGNIFICANT** and more than 30 days old, proceed to Section 3.
- **INSIGNIFICANT** and less than 30 days old, proceed to Section 4.
- **SIGNIFICANT** on any date: proceed to Section 4. Must also complete Section 5.

If there are no appropriately documented prior TST results, go to the instructions for Section #3.

SECTION 3: Administer a new TST, and document results in **SECTION 3**. **NOTE:** The HCP administering the TST (**SECTION 3**), and the HCP evaluating the TST (**SECTION 6**), must sign in the appropriate blocks. **If the TST results are:**

- **INSIGNIFICANT**, complete Section 4. Evaluator must sign and date under Section 6.
- **SIGNIFICANT**, proceed to Section 4. Must also complete Section 5. Evaluator must sign and date under Section 6.

If an individual claims to have a prior significant TST, but cannot provide appropriate documentation, a TST must still be administered.

This is not medically contraindicated. However, if there are still questions, although this is not a CDCP procedure, it has been found useful to administer a diluted TST: dilute 0.2 cc of the standard 5 TU/0.1cc solution with 0.8 cc of sterile saline, then use 0.1 of this solution to administer a TST. If the results are significant, no further testing is necessary, proceed as directed below for significant TST's. If the results are insignificant, proceed with a standard TST.

If the administered or documented TST shows a INSIGNIFICANT result, the employee probably does not have TB infection. Factors affecting the immune system, pregnancy, or recent TB infection may cause a false insignificant TST reaction, even when TB disease exists, but

**CDC HCPs CANNOT ASK CDC EMPLOYEES ABOUT NON TB HEALTH HISTORY, INCLUDING
IMMUNOSUPPRESSIVE CONDITIONS**

If the TST indicates a SIGNIFICANT reaction, further medical evaluation and a CXR are needed to rule out active TB disease.

- Complete **SECTIONS 4, 5 AND 6**. The HCP evaluating for TB signs and symptoms, must sign and date the form in the space provided at the bottom of the form (**SECTION 6**).
 - Give a copy of the CXR report, if a CXR is taken, to the employee for the CDC records.
- The space identified as **"DATE TST READ OR OF SIGNS & SYMPTOMS EXAM"** refers to date that the employee's TB status is determined.
- After evaluation and/or treatment the **CDC 7336** is completed.
 - Give the completed **CDC 7336 and the CXR report** to the employee.

SECTION 4: Complete evaluation for all employees, regardless of TST result, for TB signs and symptoms; 3 or more positives warrant special concern.

SECTION 5: To be completed for individuals with a documented prior or newly significant TST. Attach copy of CXR report.

SECTION 6: Comments as necessary. Evaluator must sign and date the form.

The Centers for Disease Control and Prevention and the California Tuberculosis Controllers Association recommend the following:

1. Tine test is **NOT** an acceptable skin test to determine exposure to the TB bacillus.
2. A CXR is an unacceptable screening method for detecting TB infection.
3. Mantoux TST is the **only** acceptable screening method for detecting TB infection.
4. The process for administering, evaluation, and documenting the Mantoux TST are:
 - a) Must be given intradermally.
 - b) 0.1 ml (s) of 5 TU Purified Protein Derivative must be used.
 - c) The test must be interpreted by a qualified HCP.
 - d) Results must be documented/reported in mm(s) of induration.

The Inmate Medical Services Policies and Procedures Program (IMSP&P) and Access to Care

The IMSP&P describes the manner in which medical care is delivered to inmate-patients within CDCR by CCHCS healthcare providers.

Evaluations are conducted during the Reception Center processing; focusing on identification of acute and chronic conditions and for communicable diseases including TB and STDs. The reception center Registered Nurse documents vital signs along with past and current medical, family, and social history; and the provider documents more in depth information and details regarding the inmate-patient as needed.

The Medical Classification System Chrono 128-C3

During the Reception Center intake visit, the Primary Care Provider and/or their designee gathers and documents information that will help them to complete the 128-C3 Medical Classification Chrono. Once an inmate has completed the custodial and health care reception center processes, they are endorsed to a permanent institution.

Requesting Health Care

In order to be seen for routine medical, dental, or mental health care, the inmate-patient completes and submits a 'Health Care Request Form' more commonly known as a '7362.' These forms are available in the housing units or can be provided to an inmate-patient by Custody or health care staff on request. CDCR staff are required to provide assistance in completing the form if an inmate-patient requests help. It is important that when seeing an inmate-patient, providers read the 7362 as the form can contain important information.

Once the inmate-patient has been triaged, they are assigned an appointment with either an RN or a provider. On the day of their scheduled appointment, an inmate-patient is issued a 'ducat' in order to move from one area of the institution to another without Custody escort. Clinic scheduling may be organized by type of appointments, priority, and custodial factors. The inmate-patient's race is listed because there are times when a certain racial group is 'locked down.'

Refusing to be seen

If an inmate-patient refuses to be seen, they must sign a refusal form. If the inmate-patient refuses to sign, the '*refused to sign*' box on the form must be checked and the form should be signed by the health care provider and a witness.

Primary Care Panel

CDCR has initiated a 'Primary Care Panel' management model of care; providers, or teams of providers and nurses are assigned to care for a specific group of inmate-patients. At minimum the Primary Care Team is made up of a provider, a nurse and a clinic scheduler. The provider will be responsible for all aspects of an inmate-patient's care. The local institution can provide more details on how this model is practically applied.

Inmate Dental Services Program (IDSP) Overview

Dental Treatment

All CDCR inmate-patients receive dental treatment as outlined in the most recent version of the IDSP, Policies and Procedures (P&P). This includes treatment provided during dental clinic operating hours as well as emergency dental services 24 hours a day, seven days a week.

Reception Center (RC) Facility - Dental treatment provided to RC inmate-patients is limited to the treatment of emergency and Dental Priority Classification (DPC) 1 (urgent) dental conditions (episodic care upon request). RC inmate-patients are only eligible to receive a dental screening as opposed to a comprehensive dental examination.

Mainline (ML) Facility - ML inmate-patients are eligible to receive comprehensive treatment upon request which includes that which is provided to RC inmate-patients as well as DPC 2 or Interceptive Care and DPC 3 or Routine Care (comprehensive care according to a treatment plan). In addition ML inmate-patients are eligible to receive a comprehensive dental examination upon request.

Access to Care

All inmate-patients have equal access to dental services by:

- Submitting a CDCR Form 7362 Health Care Services Request for Treatment requesting dental care for which ducated face-to-face encounters are scheduled to have specific complaints addressed.
- Unscheduled dental encounters for emergency and DPC 1 dental services.
- Referral from other health care providers, ancillary, and custodial staff.
- Receiving a DPC based on clinical findings and radiographs after which they are eligible to receive scheduled dental treatment (upon request) based on their assigned DPC and in accordance with mandated timeframes outlined in the IDSP, P&P.

Definitions

Dental Clinic Operating Hours – Dental clinic operating hours is defined as at least eight hours per day, Monday through Friday excluding holidays, in which dental services are available to inmate-patients.

Dental Emergencies – A dental emergency, as determined by health care staff, includes any medical or dental condition for which evaluation and treatment are immediately necessary to prevent death, severe or permanent disability, or to alleviate or lessen disabling pain.

Dental conditions include acute oral and maxillofacial conditions characterized by trauma, infection, pain, swelling, or bleeding that is likely to remain acute or worsen without immediate intervention. Examples of conditions that always constitute dental emergencies include, but are not limited to:

- Airway/breathing difficulties resulting from oral infection

- A rapidly spreading oral infection, such as Ludwig's angina, cellulitis, (characterized by a firm swelling of the floor of the mouth, with elevation of the tongue), and acute abscess, (including an abscess at root end or a gingival abscess)
- Facial injuries and trauma to the jaws or dentition that threatens loss of airway
- Suspected shock due to oral infection or oral trauma
- Uncontrolled or spontaneous severe bleeding of the mouth
- Head injuries (including stabbing or gunshot wounds) that involve the jaws or dentition
- Moderate to severe dehydration associated with alteration in masticatory function due to obvious dental infection or dental trauma
- Clear signs of physical distress, (e.g., respiratory distress), related to infection or injury to the jaws or dentition
- Suspected or known fractures involving the nasal bones, mandible, zygomatic arch, maxilla, and zygoma
- Temporomandibular joint (TMJ) disorders and Temporomandibular joint dysfunction (TMD) that results in any of the following: acute TMJ pain, "closed-lock" TMJ, or dislocation of the TMJ
- Aspiration or swallowing of a tooth or teeth that threatens loss of airway
- Acute, severe, debilitating pain due to obvious or suspected oral infection, oral trauma, or other dental-related conditions
- Infections, including infected third molars, (wisdom teeth), and acute infections with a fever of 101° F or above, infections not responsive to antibiotic therapy, and acute pulpitis
- Injuries from trauma, such as an avulsed tooth, or fractured tooth
- Postoperative complications including alveolar osteitis, bleeding or infection
- Facial swelling

DPC – A numerical or alphanumeric code assigned by a dentist which expresses the degree of urgency of an inmate-patient's dental needs and provides the timeframe within which treatment must be initiated. The DPC codes are:

- 1A, 1B, 1C – Urgent Care
- 2 – Interceptive Care
- 3 – Routine Rehabilitative Care
- 4 – No dental care needed
- 5 – Special Needs Care

DPC Treatment Timeframes – Treatment must be initiated within mandated timeframes for each DPC.

- 1A – 1 calendar day
- 1B – 30 calendar days
- 1C – 60 calendar days
- 2 – 120 calendar days
- 3 – One year
- 4 – No timeframe
- 5 – No timeframe

IDSP Overview

Emergency Dental Services – Emergency dental services are services designed to prevent death, alleviate severe pain, prevent permanent disability and dysfunction, or prevent significant medical or dental complications. Emergency dental services include the diagnosis and treatment of dental conditions that are likely to remain acute or worsen without immediate intervention.

The following dental procedures are not considered or performed as emergency dental services:

- Minor elective surgery
- Elective removal of dental wires, bands, or other fixed appliances
- Routine dental restorations
- Routine removable prosthodontic appliance adjustments or repairs
- Administration of general anesthesia
- Routine full-mouth scaling and root planing
- Periodontal treatments involving sub-gingival curettage and root planing unless required in order to abate the dental emergency condition
- Treatment of malignancies, cysts, neoplasms, or congenital malformations unless directly related to abatement of the dental emergency
- Biopsy of oral tissue unless there is an immediate need to perform this procedure as a result of the dental emergency condition
- Occlusal adjustment unless directly related to the abatement of the dental emergency condition
- Root canal therapy other than palliative in nature
- Any corrective dental treatment that can be postponed without jeopardizing the health of the inmate-patient

Health Care Staff – Medical or dental personnel, (e.g., physician or dentist), who within their scope of licensure are able to assess an inmate-patient's condition and determine if a dental emergency exists.

Mental Health Services Delivery System

In a class action lawsuit, Plaintiffs alleged that the CDCR was not adequately caring for inmates with serious mental disorders. In September 1995 the court found that CDCR was in violation of the Eighth Amendment appointed a Special Master in November 1995. In 1997 the CDCR proposed and the court approved a plan including programs and staff designed to address constitutional inadequacies by establishing mental health services at different levels of care. Since that time, the Special Master has monitored compliance with the plan.

The primary function of the CDCR, DCHCS Mental Health Program (MHP) is to ensure inmate-patients have ready access to mental health services based on their need and that the individual level of functioning of seriously mentally disordered inmate-patients is optimized so they may be maintained in the least restrictive environment.

The MHP operates under a Court Order reached in the *Coleman v. Davis* (now referred to as *Coleman v. Brown*) lawsuit filed in 1990. In 1997 the parties reached agreement on a plan to address constitutional inadequacies by establishing mental health services, including programs and staffing, at different levels of care. The Mental Health Program Guide provides the policies and procedures that govern delivery of these mental health services.

Mental Health Services Delivery System

CDCR provides inmates access to mental health services through its Mental Health Services Delivery System (MHSDS) Program Guide (September 2006). The MHSDS Program Guide is Volume 12 of the Inmate Medical Services Policies and Procedures. The MHSDS revised program guide has ten chapters. All can be accessed if desired via the CDCR Intranet site.

The MHSDS is designed to provide an appropriate level of treatment and to promote individual functioning within the clinically least restrictive environment consistent with the safety and security needs of both the inmate-patient and the institution.

The MHSDS provides services across four levels of care and two programs within the Department of Mental Health (DMH) that are consolidated within a smaller number of institutions to improve access, quality and cost-effectiveness of care, and established standard staffing patterns for each level of care to ensure appropriate treatment. The mental health population is about 34,000 or approximately 21 percent of the total institution population. For information on the various levels of care contact your reporting authority.

Coleman Compliance

At present, the greatest concerns are eliminating the current backlog of inmate-patients needing mental health crisis beds and providing beds for high custody inmates who require intermediate or acute levels of inpatient care. In response to those concerns, the Legislature approved the construction of hundreds of new inpatient beds for intermediate and acute mental Health Care. Presently, CDCR is in the process of implementing these Revised Program Guides system-wide.

Mental Health Overview

The mission of the Coleman Compliance Unit (CCU) is to create, test and seek approval of the Mental Health Management Report. CCU documents and presents each institution's specific program requirements, processes and proof-of-practice.

The CCU also reviews past compliance documents prepared by the Coleman Special Master. These reviews identify the following:

- Staffing vacancies that reduce the institutional ability to provide mental health services.
- The quality management processes that are suffering.
- Inconsistencies in audit methodology,
- Continuity of medications deficiencies.
- Numerous deficiencies identified in transfers to appropriate level of care.

Heat Plan

It is the policy of CDCR to take special precautions to prevent adverse reactions, including serious threats to life and health, in inmates taking heat sensitive medications that can impair the body's ability to regulate temperature. This heat plan is in force from May 1st through October 31st each year. It can start earlier or last later in the year if the temperatures warrant, and whenever DCHCS, the Chief Executive Officer/Chief Medical Executive determine that hot weather is cause for concern.

Although this section is not part of Mental Health Services Delivery System, it is included in this lesson because of the need for all staff to be observant of all inmates taking heat sensitive psychotropic medications.

All division heads, managers/supervisors individual employees and contractors are responsible for the implementation of the heat plan and policy. All staff must immediately report any observations of heat stress symptoms in inmate-patients to appropriate health care staff for assessment and/or treatment. Prompt medical attention is crucial because death can occur within 30 minutes of the first signs of heat stroke.

Signs and Symptoms

The signs and symptoms of heat related pathology are:

- Flushed or dry feeling
- Red, flushed, or mottled skin, or skin that is turning bluish
- Cramping of muscles
- Mental confusion
- Sleepiness
- Loss of coordination
- Convulsive behavior
- Dizziness/fainting
- Severe headaches or giddiness
- Nausea and/or vomiting

Inmates taking the following prescribed medications will be placed on heat risk alert and will be identified in both the Pharmacists' detailed and non-detailed lists:

- Anti-psychotic medications
- Certain Anti-Parkinson medications
- Certain Anti-Depressant medications
- Certain Mood Stabilizers
- Certain Medical Medications

Pharmacy Lists

At each institution the Pharmacist-In-Charge prepares weekly lists of all inmates currently prescribed any of the designated heat-risk medication. There are two lists, one is detailed and the other is non-detailed.

Suicide Prevention

Suicide prevention includes not only the promotion of positive coping in a difficult environment, but also the development of systems that help inmate-patients find purpose and resources within prison and upon re-entry into the community.

CDCR Suicide Prevention Program Objectives

To achieve the CDCR Suicide Prevention Vision, the Mental Health Program facilitates an interdisciplinary Suicide Prevention and Response Program. The mission of this program is to:

- Provide leadership in developing and implementing suicide prevention and response policies and procedures.
- Promote a safe living environment for inmate-patients.
- Provide training for mental health clinician's to improve skills in assessment of suicide risk and treatment for suicidal individuals.
- Provide training for all CDCR staff in suicide prevention and response.
- Facilitate quality improvement efforts and ensure that CDCR policies related to suicide prevention are functioning in the prison setting.

The policies regarding suicide prevention and response shall be implemented by each institution via written operating procedures.

Armstrong – Inmates with Disabilities

In 1990, President George Bush, Sr., signed the Americans with Disabilities Act (ADA). This law guarantees equal opportunity and civil rights protection to individuals with disabilities in public and private sector services and employment. This law became effective in 1992 and covers more than 600 disabilities. The Armstrong lawsuit was filed against CDCR in 1994 and was settled in 1996. It was a Class Action lawsuit by inmates and parolees with a permanent physical or mental impairment which substantially limited the inmate's or parolee's ability to perform a major life activity including:

- Mobility.
- Vision.
- Hearing.
- Learning.
- Speaking.
- Breathing.
- Working.
- Caring for one's self.
- Performing essential manual tasks.

The Prison Law Office filed *Armstrong v. Wilson* stating that there were system-wide complaints regarding disabilities and inmate-patient access to programs, services and activities. A certified class of all present and future California state prison inmate-patients and parolees with disabilities sued the CDCR and various California state officials seeking injunctive relief for violations of the Rehabilitation Act (RA) and the ADA in state prisons. The District Court for the Northern District of California found that CDCR had violated the RA and the ADA in that:

- Some prison facilities lack adequate emergency evacuation plans for inmate-patients with disabilities;
- The range of vocational programs for disabled inmate-patients is more limited than the range provided for non-disabled inmate-patients; and,
- Some disabled inmate-patients have been improperly classified for work and educational purposes so as to deny them the sentence reduction credits afforded to other inmate-patients.

The court granted an injunction to improve access to prison programs for inmate-patients with disabilities at all of California's prisons and parole facilities. The injunction was upheld on appeal by the Ninth Circuit Court of Appeals in August 1997 which led to development of the Armstrong Remedial Plan (ARP). The ARP superseded the original disability placement program in January 1999 and was revised in 2001. In January 2001, the ARP became the controlling authority for all Disability Placement Program (DPP) issues and as such applies to all CDCR and CCHCS staff. Should any portion of the ARP conflict with the DOM or the CCR the ARP will take precedence.

It is the policy of CDCR to provide access to its activities, services and programs to inmate-patients and parolees with disabilities, with or without reasonable accommodation, consistent with legitimate penological interest. Every institution will have on staff a member designated, not below the level of Associate Warden, as the ADA Coordinator. Under the ADA, an individual with a disability is someone who has:

- A physical or mental impairment that substantially limits one or more of life activities.
- A record of or regarded as having such impairment.

The law defines impairment as any physiological disorder or condition, cosmetic disfigurement, or anatomical loss, which affects a major body part or organ. Under the ADA, impairment is defined as a disability only if it substantially limits one or more major life activities. Disabilities include such conditions, diseases and infections as:

- Orthopedic issues.
- Visual Impairment.
- Speech Impairment.
- Hearing Impairment.
- Multiple Sclerosis.
- Cancer.
- Heart disease, diabetes, tuberculosis.
- Previous drug or alcohol addiction.
- Cerebral Palsy, epilepsy, muscular dystrophy.

The ADA does not cover:

- Physical or mental health conditions resulting from current drug or alcohol abuse.
- Hair or eye color.
- Age.
- Sexual orientation.
- Cultural/economic disadvantages.
- Transvestitism transsexuals, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behaviors.
- Compulsive gambling, kleptomania, or pyromania.
- Psychoactive substance use disorders resulting from current illegal use of drugs.

The ARP applies to all institutions and facilities which house CDCR inmate-patients and parolees. Operationally, the plan provides for accommodations, programs and housing appropriate to meet the needs of inmate-patients with disabilities severe enough to impact placement. Each institution is responsible for ensuring that reasonable accommodations are provided to inmate-patients with disabilities severe enough to impact placement or those awaiting transfer to a designated DPP institution.

General Post Order Addendum

General requirements: Inmate-patients with disabilities are entitled to reasonable modifications and accommodations to CDCR policies, procedures and physical plant to facilitate effective access to CDCR programs, services and activities. These modifications and accommodations might include, but are not limited to, the following:

- Measures to ensure effective communication (see below);
- Housing accommodations such as wheelchair accessible cells, medical beds for inmate-patients who cannot be safely housed in general population due to their disabilities, dorm housing, or ground floor or lower bunk housing;
- Health care appliances such as canes, crutches, walkers, wheelchairs, glasses, and hearing aids; and
- Work rules that allow the inmate-patient to have a job consistent with his/her disabilities.

Medical staff provides appropriate evaluations of the extent and nature of an inmate-patients' disabilities to determine the reasonableness of requested accommodations and modifications.

Equally Effective Communication: ADA and the ARP require CDCR to ensure that communication with individuals with disabilities is as equally effective as it is with individuals that are not disabled.

- Staff or contractors must identify inmate-patients with disabilities prior to their appointments.
- Staff or contractors must dedicate additional time and/or resources as needed to ensure equally effective communication with inmate-patients who have communication barriers such as hearing, vision, speech, learning, or developmental disabilities. Effective communication measures might include slower and simpler speech, sign language interpreters, reading written documents aloud and scribing for the inmate-patients. Consult the ADA Coordinator for information or assistance.
- Staff or contractors must give primary consideration to the disabled individual's preferred method of communication.
- Effective communication is particularly important in health care delivery settings. At all clinical contacts, medical staff or contractors must document whether the inmate-patient understood the communication, the basis for that determination and how the determination was made. A good technique is asking the inmate-patient to explain what was communicated in his or her own words. It is not effective to ask "yes or no" questions; the inmate-patient must provide a substantive response indicating understanding of the matters that were communicated.
- Staff and contractors must obtain the services of a qualified sign language interpreter for medical consultations when sign language is the inmate-patient's primary or only means of communication. An interpreter need not be provided if an inmate-patient knowingly and intelligently waives the assistance, or in an emergency situation when delay would pose a safety or security risk, in which case staff shall use the most effective means of communication available such as written notes.

DECS: The Disability Effective Communication System (DECS) contains information about inmate-patients with disabilities. Every institution has DECS access and staff must review the information it contains in making housing determinations and providing effective communication.

Housing restrictions: All inmate-patients are housed in accordance with their documented housing restrictions such as lower bunks, ground floor housing and wheelchair accessible housing, as noted in DECS and in the central and medical files. All staff and contractors making housing determinations shall ensure that inmate-patients are housed appropriately.

Prescribed Health Care Appliances (including dental appliances): Staff (health or security) shall not deny or deprive prescribed health care appliances to any inmate-patient for whom it is indicated unless (a) a physician/dentist has determined it is no longer necessary or appropriate for that inmate-patient, or (b) documented safety or security concerns regarding that inmate-patient require that possession of the health care appliance be disapproved. If a safety or security concern arises, a physician, dentist, Chief Executive Officer, or Chief Medical Executive shall be consulted immediately to determine appropriate action to accommodate the inmate-patient's needs.

Clark Overview – Developmental Disabilities

The *Clark v California* case is a class action suit brought to court on behalf of a class or group of individuals. In this case, the class consists of developmentally disabled (DD) inmate-patients, and extended by policy to include inmate-patients and/or parolees with disabilities similar to DD. Therefore, a critical aspect of the Clark Remedial Plan (CRP) is the definition of *developmental disability*.

CLARK V. STATE OF CALIFORNIA (Clark) alleged violations of the following U.S. laws: **The Americans with Disabilities Act (ADA)** was signed by President George Bush on July 26, 1990 and became effective July 26, 1992. The purpose of the Act was to ensure that people with disabilities are afforded the same rights and privileges as non-disabled people.

Based on the rights described in the ADA, *Clark v. State of California* was filed against CDCR and the Board of Prison Terms. It is intended to ensure that all inmate-patients and/or parolees including those with disabilities, are afforded the same rights, privileges and access to programs, activities and services.

On July 27, 1998, the State of California and CDCR entered into an Interim Agreement and Stipulation with plaintiffs *known as the Clark Remedial Plan (CRP)* which requires:

1. Screening all newly arrived inmates for developmental disabilities;
2. Training staff and contractors to recognize, communicate with and interact with inmate-parolees with developmental disabilities;
3. Providing equal access to all inmate-parolees programs, activities and services;
4. Ensuring appropriate classification and safe housing;
5. Providing staff and contractors' assistance with disciplinary, classification and other processes as needed.
6. Ensuring adequate medical care.

California's legal definition of developmental disability from the Lanterman Act:

1. A condition that originated before an individual attains the age of 18 years.
 2. Continues, or can be expected to continue, indefinitely and constitutes substantial limitations in adaptive functioning.
 3. Includes mental retardation, cerebral palsy, epilepsy and autism.
 4. Also includes disabling conditions found to be closely related to mental retardation or that require treatment similar to what is required for mentally retarded individuals.
- It does not include other disabling conditions that are solely physical in nature (e.g., blind, deaf, amputee, etc.).

Federal Law defines developmental disabilities as occurring prior to age 22 with substantial functional limitations in three or more adaptive functioning areas. California State Law defines developmental disabilities as occurring prior to age 18 with substantial functional limitations in two or more adaptive functioning areas.

CDCR's criteria for inclusion in the Developmental Disability Program (DDP):

1. Low cognitive ability.
2. Significant adaptive functioning deficits in the correctional setting.
3. Includes dementia until inmate is receiving 24-hour nursing.

CDCR's DDP inclusion criteria differs from the State's criteria in that inmates in CDCR are not excluded for:

1. Age of onset
2. How the inmate became disabled (specific diagnosis).
3. Over inclusion: IQ cut off to be considered for inclusion is 80, the state's is generally below 70.
4. On rare occasions some inmates with low cognitive ability may have adequate adaptive functioning skills to cope in a correctional environment but not on parole in the less structured community setting. In other words, they may need services outside prison but not in prison.

Identifying Developmentally Disabled Inmates

Inmate-parolees with developmental disabilities vary widely in terms of how they look, speak and act. While some have obvious impairments, others cannot be readily distinguished from their non-disabled inmates. In addition, some inmates may appear disabled yet have normal cognitive abilities.

Seven Characteristics of Developmental Disabilities

1. Does not communicate at age level.
 - Difficulty understanding or answering questions.
 - Mimics responses or answers.
 - Limited vocabulary and grammar.
 - Takes a long time to answer.
 - Speech may be difficult to understand.
2. Reasoning is more concrete than abstract.
 - Recognizes only literal interpretation of what is said or observed.
 - May not understand sarcasm, jokes, proverbs, etc.
3. Short attention span and memory.
 - Easily distracted.
 - Difficulty staying on task or a subject.
 - Forgets details.
 - Difficulty remembering instructions/tasks with more than two steps.
4. Difficulty with simple tasks.
 - May become upset when the routine is changed or things occur at a faster than usual rate.
 - Poor use of unstructured time such as leisure.
5. Immature social relationships.
 - May not form friendships with other adults.
 - Easily frustrated.
 - Uses immature coping methods such as withdrawal, tantrum or assault.
 - Needs help to verbalize problems and explore options.
6. Overly compliant.
 - Easily influenced by others, vulnerable to peer pressure.
 - Tries very hard to please others.

- Does not understand the consequences of their behavior.
 - Agrees with everything, even if contradictory.
7. Focuses on immediate or short-term consequences of their actions rather than long-term.
- Actions may be impulsive and not well thought out.
 - May not differentiate between appropriate and inappropriate behavior.
 - Some behaviors may be unknowingly self-endangering.

Mental Retardation vs. Mental Illness

Mental retardation

- Refers to intellectual deficits, paired with deficits in daily living skills (adaptive functioning).
- It is a permanent condition. Training can improve adaptive functioning but will not change intellectual functioning.

Mental illness

- Usually involves depression, anxiety and/or disturbance in perception of reality (e.g., delusions or hallucinations).
- It causes distress or impairment below that expected given the individual's cognitive and physical resources.
- Mental illness can be transient or chronic.
- It may be improved with therapy and/or medication, or it may improve on its own.
- Mentally retarded individuals suffer mental illnesses no more or less than anyone else.

Referrals

Any contractor who observes or receives information that indicates that an inmate who has not been classified as DD may have adaptive deficits or a DD is to notify the designated institutional contact and refer the inmate to the institution's/facility's health care services via a CDCR Form 128B.

A referral may be triggered by any of the following:

- The inmate is exhibiting one or more of the adaptive deficits identified in the CRP.
- The inmate claims to have a developmental disability.
- The inmate's health care or central file contains documentation of a possible developmental disability, e.g., previously endorsed as a Category "K".
- A third party (such as a family member or attorney) requests the inmate be evaluated for an alleged developmental disability.
- The staff member referring the inmate documents the observations/reason for the referral on a CDCR Form 128B and route it to institution's/facility's health care services.

Effective Communication and Programming for Inmate-Parolees with Developmental Disabilities

The development of effective communication and programming is important in all aspects of your work, but is especially critical when interacting with inmates and parolees in the DDP.

Clark Overview

This section provides a foundation for the communication and programming techniques you may find specifically useful with inmates and parolees who have developmental disabilities.

Adaptive Communication

1. Get their attention before asking a question or giving them information and maintain their attention while doing so.
2. Be specific and concrete.
3. Use simple language without talking below the level of the inmate-parolee's understanding.
4. Limit instructions based on their ability. You may only be able to use one or two steps at a time.
5. Use open-ended questions to check for understanding. Questions that cannot be answered with a simple head nod or a yes/no. For example: who, what, when, how, and where. But not "why" questions as this may put the person on the defensive.
6. Make non-verbal communication agree with verbal. If verbal communication is not easily understood, an individual will rely more on non-verbal communication. The verbal message should agree with body language, facial expression and gestures.

Four Phase Screening Process

All CDCR inmates are screened for developmental disabilities. If subsequently designated for the Developmental Disability Program, the inmate is referred for appropriate housing and support services. There is a four phase screening process used to evaluate inmates for developmental disabilities in CDCR institutions. CDCR identifies inmates with developmental disabilities by screening the inmate's intellectual abilities and evaluating the inmate's adaptive support needs within a correctional environment.

The Clark Remedial Plan summarizes adaptive supports as follows:

- **Coaching** -- Prompting a DDP inmate through specific task(s) until the inmate has acquired the skill(s) to complete the task independently.
- **Assisting** -- Assistance by trained departmental staff to enable DDP inmates to understand and participate, to the best of their ability, in disciplinary, classification and other administrative hearings.
 - This assistance would also include completing any forms or documents necessary to secure any rights or benefits available to nondisabled inmates and will be limited to court access and departmental issues. Staff or contractor shall utilize varying methods of effective communication to assist DDP inmates in understanding due process and non-routine medical consultations to the best of their ability.
 - Inmate-parolees needing assistance to effectively use the Inmate-Parolee Appeals Process must be provided assistance by the Appeals Coordinator, the assigned Correctional Counselor I (CC-I), or designated Division of Adult Parole Operations (DAPO) staff, pursuant to the provisions of CCR, Title 15 and Section 3084.1(b).
 - The assigned CC-I must assist DDP inmates with issues that include, but are not limited to, classification, program assignments, applications for credit restoration, completion of Board of Prison Terms (BPT) Form 1073, Notice

and Request for Reasonable Accommodation, safety and security concerns and elements of due process.

- Staff or contractors must receive DDP departmental Staff Assistant (SA) training prior to being assigned as an SA for inmates with developmental disabilities.
- **Monitoring** -- Provide additional supervision of a DDP inmate's self-care and/or cell maintenance, personal safety, behavior and property.
- **Prompting** -- These are reminders provided to DDP inmates to begin or complete an activity or behavior; e.g., completing self-care, requesting cleaning supplies, accessing medical care, reporting to work, attending meals, conducting laundry exchange, complying with count procedures, etc. Prompts may involve verbal, visual, or written reminders, as well as hand gestures.

Institution Housing and Residential Placement

There are several designations that override DDP placement:

- Administrative Segregation (AdSeg or ASU)
- Enhanced Outpatient Program (EOP)
- Mental Health Crisis Bed (MHCB)
- Outpatient Housing Unit (OHU)
- General Acute Care Hospital (GACH)
- Substance Abuse Program (SAP)
- Psychiatric Services Unit (PSU)
- Reception Center (RC)
- Secure Housing Unit (SHU)

Note: Sensitive Needs Yard (SNY) is NOT an overriding placement for DDP.

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Self-Certification Form

As a contractor for California Department of Corrections and Rehabilitation (CDCR) and/or California Correctional Health Care Services (CCHCS), which includes the former California Prison Health Care Services (CPHCS) and Division of Correctional Health Care Services (DCHCS). I acknowledge I am required to follow Federal and State Laws and Regulations, as well as Departmental Policies and Procedures in the same manner as an employee of CDCR or CCHCS.

The documentation provided in this handbook may refer to “employee” or “staff” however as a contractor for CDCR and/or CCHCS I am aware this information may also be applicable to me.

By signing below I am acknowledging I have received and read a copy of the Health Care On-Site Contractor’s Orientation Handbook which includes the following subject matter:

- Security Overview & Laws, Rules and Regulations Regarding Conduct and Association with State Prison Inmates
- Inmate / Staff Relations
- Workplace Violence Prevention Program
- Equal Employment Opportunity / Sexual Harassment Policy
- Prison Rape Elimination Act (PREA)
- Information Security Awareness
- Health Insurance Portability and Accountability Act (HIPAA)
- Injury and Illness Prevention Program
- Bloodborne Pathogens
- Inmate Medical Services Policies and Procedure Program (IMSP&P) and Access to Care
- Inmate Dental Services Program (IDSP) Overview
- Mental Health Services Delivery System
- Armstrong – Patients with Disabilities
- Clark Overview – Developmental Disabilities

Contractor’s Business Name: _____

Current Contract number: _____

Contractor’s Printed Name: _____

Contractor’s Signature: _____

Authorized CDCR/CCHCS Representative: _____